

**NATIONAL BOARD FOR CERTIFICATION IN OCCUPATIONAL THERAPY, INC.  
VERIFICATION OF CERTIFICATION REQUEST FORM**

To request a notice your NCOT certification to be sent to a state regulatory board or any other agency, please complete this form. There is a \$30.00 fee for EACH verification notice. NBCOT will accept a personal check, money order or VISA/MASTERCARD (See Below). Please allow 3-4 weeks for your request to be processed and mailed. Verification fees are non-refundable.

DO NOT SUBMIT THIS FORM IF YOU HAVE NOT YET TAKEN THE CERTIFICATION EXAMINATION.

Requests submitted without the required fee will be returned. There is a \$30.00 for any returned check. If paying by credit card you may fax this form to 301-869-8492, or, you may send payment and completed form to the following address:

NBCOT Inc.  
P.O.Box 64971  
Baltimore, MD 21264-4971

\_\_\_\_\_  
Name (Please Print)\*

\_\_\_\_\_  
Certification Number and Level  
(circle one OTR or COTA)  
Occupational Therapist Registered OTR or  
Certified Occupational Therapy Assistant COTA

\_\_\_\_\_  
Home Address - new? (circle one) YES or NO

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Daytime Phone Number (Very Important)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
State Board(s)/Agency where  
Verification Letter(s) to be sent

\*If your name is different from which our certification records reflect, and you want the verification notice processed in the new name, NBCOT needs an original certified copy or a notarized photocopy (i.e., copy the original document and have the copy notarized) of a legal document (i.e., marriage license, divorce decree, or court order) reflecting the name change, attached to this request. If you have any questions, please contact our office at (301) 990-7979 x3131, or you may contact us via e-mail at [changes@nbcot.org](mailto:changes@nbcot.org)

\_\_\_\_ Visa \_\_\_\_ Mastercard \_\_\_\_ Check/Money Order \$ \_\_\_\_\_ Amount of Charge \_\_\_\_\_ Order Date

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_  
(month) (year)

Signature: \_\_\_\_\_  
Required for charge card requests

Rev. 3/3/98

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800 S. Frederick Avenue, Suite 200 \* Gaithersburg, MD 20877-4150  
(301) 990-7979 \* Fax: (301) 869-8492 \* <http://www.nbcot.org>